

OFFICE USE ONLY

Acct.# _____
Fee: (\$50.00)

APPLICATION FOR TRANSITORY MOBILE VENDORS PERMIT

Owner:

Permanent Mailing Address:

(Firm Name)

(Firm Name)

(Driver's License Number)

(Address)

(Address)

Social Security Number

(City) (State) (Zip)

(City)

(State)

(Zip)

Telephone:

(Vehicle I.D. Number)

(License Plate Number)

(Sex) (Date of Birth)

(Sex)

(Date of Birth)

(Signature of Applicant)

(Date)

(Date)

Description of Vehicle	Make	Model	Color
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Description of Vehicle

Make

Model

Color

SPECIFY DATES, PLACES AND TIMES WHICH BUSINESS SHALL BE CONDUCTED

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.